Dept of Homeland Security U.S. Coast Guard ISCSLTDA 001; Rev 1/04

Date of Request:

Request for Military Funeral Honors

Instructions: Complete Sections I & II of this form to request Military Funeral Honors. Once complete FAX the form along with a copy of the member's most recent Discharge Certificate (DD-214) to the ISC St. Louis Decedent Affairs Officer at (314) 539-2919.

	<u>al Home information</u>						
1. Funeral Home Name		2. Point of Contact			3. Phone		
4. Funeral Home Addres	SS:						
5. Date/approximate time	of Internment:	16	6. Cemetery Poi	nt of Contact:			
7. Cemetery Name and A	Address:						
Section II: Decea	ased information						
1. Name of Deceased:			2. SSN			3. Rank	
4. Date of Death	5. Cause of Death						
4. Date of Birth:	6. Dates of service			7. Parent Se	ervice	rvice	
				□ USCG		USAF	
8. Next of Kin (NAME/ADDRESS/PHONE):					☐ USPHS☐ US Merchant Marine☐ Other:		
O KUCCO Dating has 5		T NO. 1	f NO manage O	A CLIAL TV MC	2.4- 00	20	
10. Remarks/Special Ins	SC been notified? YES tructions:	■ NO;	T NO prepare C	ASUALTY MSC	5 to PS	SC.	
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